



Lincoln Water System
2021 N. 27th St.
Lincoln, Nebraska 68503

Commercial Premise Survey Questionnaire

Please look over the plumbing system in your building or business and answer the questions below. Thank you for assisting us to meet this State of Nebraska Title 179 Regulation.

Please answer the following Questions:

	Yes	No	Don't Know
1. Does this facility have a swimming pool or hot tub?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is it protected by a backflow preventer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backflow Preventer Manufacturer _____ Size _____ Type _____ Serial # _____			
2. Is there any other source of water, such as a private well, at this location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is it protected by a backflow preventer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backflow Preventer Manufacturer _____ Size _____ Type _____ Serial # _____			
3. Do you have a lawn irrigation or sprinkler system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is it protected by a backflow preventer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Lawn sprinkler systems that use booster pumps or chemical injection systems must be tested every year.)			
Backflow Preventer Manufacturer _____ Size _____ Type _____ Serial # _____			
4. Do you have a cooling tower?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is it protected by a backflow preventer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, is it protected by an Air Gap?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backflow Preventer Manufacturer _____ Size _____ Type _____ Serial # _____			
5. Do you have a Hot Water or Steam Boiler? (Not Water Heaters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is it protected by a backflow preventer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are any chemicals used in the water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backflow Preventer Manufacturer _____ Size _____ Type _____ Serial # _____			
6. Do you have a Hose Aspirator for spraying chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is it protected by Hose connection Vacuum Breaker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(All hose connections should have a Hose Connection vacuum Breakers)			
7. Do you have a water cooled compressor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is it protected by a testable backflow preventer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backflow Preventer Manufacturer _____ Size _____ Type _____ Serial # _____			
8. Do you have a fire suppression system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is it protected by a testable backflow preventer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backflow Preventer Manufacturer _____ Size _____ Type _____ Serial # _____			
9. Do you have a post mix carbonator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is it protected by a backflow preventer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backflow Preventer Manufacturer _____ Size _____ Type _____ Serial # _____			
10. Do you have a water cooled Ice Maker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is it protected by a backflow preventer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backflow Preventer Manufacturer _____ Size _____ Type _____ Serial # _____			

Note: Continued on the other side of this form!

Commercial Premise Survey Questionnaire

Continued from other side

	Yes	No	Don't Know
11. Do you have a photo lab, biological, medical, veterinary? or farm equipment, chemical or medical facilities at location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is it protected by a testable backflow preventer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backflow Preventer Manufacturer _____ Size _____ Type _____ Serial # _____			
12. Do you have a water tank truck filling station or pipe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is it protected by a backflow preventer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are any chemicals used in the water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backflow Preventer Manufacturer _____ Size _____ Type _____ Serial # _____			
13. Do you have any outside yard hydrants on this property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is it protected by a backflow preventer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backflow Preventer Manufacturer _____ Size _____ Type _____ Serial # _____			
14. Do you have any pumps hooked to the plumbing system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you answered yes, please check all below that apply. Sewer <input type="checkbox"/> Fountain <input type="checkbox"/> Pressure Booster <input type="checkbox"/> Other <input type="checkbox"/> (Please list_____)			
15. Please list any or all water processes that are connected to the water piping system:			

The State of Nebraska Health & Human Services, Regulation and Licensure Department, Title 179 Regulations direct Lincoln Water System to survey all of our customers every five years, issue a reminder notice when testing is due, and keep records of all tests on testable backflow preventers.

The customer shall provide access for inspection and testing by Lincoln Water System at all reasonable times to determine whether cross connections or other violations of Lincoln Municipal Code Title 17 exist.

This survey will assist to help prevent accidental contamination of our drinking water system.

Business Name: _____
Mailing Address: _____
Contact Name: _____ Title _____
Day Phone _____ Emergency phone _____ Fax _____ email _____

If you have any questions about contamination or backflow prevention , please call our backflow office at 402-441-5912, weekdays, 7:45am to 4:15pm, or visit our website at www.lincoln.ne.gov/city/pworks/water/index.htm

_____ Name of State Certified Technician	_____ Company Name (Printed)	_____ Water Meter Serial #
_____ State Certified Technician (Signature)	_____ Phone #	_____ Date of Survey
		_____ Grade 6 Certificate #